

**PERMISSION FOR THE TRANSFER AND/OR RELEASE OF
CONFIDENTIAL STUDENT INFORMATION**

I, _____, the parent or legal guardian(s) of _____, a student at
(Name) (Name)
_____, _____ Public Schools, request that the following part of the
(School)
above student's records

be made available to _____ for the purpose of
(Name)

Date: _____

Signature of Parent

_____ Please send me a copy of the records released at the following address:

Name _____
Address _____
City, State, Zip _____

_____ Please send a copy to the above student at the following address:

Name _____
Address _____
City, State, Zip _____

Enclosed is \$ _____ for reproduction and mailing.